



Lincoln Parks and Recreation

PARK TEEN CENTER SUMMER MEMBERSHIPS 2006

JUNE 5-AUGUST 11
SPACE IS LIMITED. GET YOUR MEMBERSHIP NOW!

Memberships are available to students entering grades 6—9.

MEMBERSHIP BENEFITS:

- FREE BREAKFAST AND LUNCH
- SAFE AND FUN PLACE TO HANG OUT WITH FRIENDS
- ORGANIZED RECREATION ACTIVITIES
- SWIMMING
- FIELD TRIPS (ADDITIONAL FEES MAY APPLY)
- 50% DISCOUNT ON TEEN CENTER SUMMER CLASSES
- UNLIMITED ACCESS TO EXCLUSIVE TEEN CENTER CLUBS (SEE BELOW)

FOR MORE INFORMATION CALL:
PARK TEEN CENTER, 441-9471



PARK TEEN CENTER
855 SOUTH 8TH STREET

MONDAY—FRIDAY, 8:00—6:00
[CLOSED JULY 4TH]

MEMBERSHIP DEALS

SCHOLARSHIP - AS LOW AS \$5/WEEK!*
FULL SUMMER - \$30/week
CHOOSE YOUR WEEKS - \$35/week

PAYMENT SCHEDULE

Due at registration (non-refundable) \$2/week
Weeks 1—3 Payment due by May 12
Weeks 4—7 Payment due by June 2
Weeks 8—10 Payment due by June 30
* Or call us to set up an individualized payment plan.

PARK TEEN CENTER SUMMER MEMBERSHIP REGISTRATION

Last Name First Name

Grade School Date of Birth

Street Address

City State Zip Code

Parent/guardian Name

Evening Phone Day Phone Cell Phone

Another person to contact in case of emergency Phone

SELECT YOUR MEMBERSHIP

- ☐ FULL SUMMER (**SAVE \$50!**)
- ☐ CHOOSE YOUR WEEKS
- ☐ SCHOLARSHIP*

*TO BE CONSIDERED FOR A SCHOLARSHIP:
Please complete the Scholarship Request Form
on the back of this page and submit it with the
appropriate documentation.

CHOOSE YOUR WEEKS	
#1 JUNE 5—9	
#2 JUNE 12—16	
#3 JUNE 19—23	
#4 JUNE 26—30	
#5 JULY 3—7	
#6 JULY 10—14	
#7 JULY 17—21	
#8 JULY 24—28	
#9 JULY 31—AUG 4	
#10 AUG 7—11	

PAYMENT INFORMATION

Make checks payable to:
Lincoln Parks and Recreation

Send payment to:
Park Teen Center
855 South 8th Street (68508)

Amount enclosed _____
Check # _____

\$2/WEEK NON-REFUNDABLE DEPOSIT DUE NOW.

WAIVER AND RELEASE OF CLAIMS:

For and in consideration, the undersigned parent(s) or guardian(s) of the participant in the Lincoln Parks and Recreation program named above, I/we recognize and acknowledge that there are certain risks of physical injury that may sustain as a result of participating in any and all activities connected with or associated with such a program.

I/we do hereby declare that I/we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, its officers, agents, employees, volunteers and program affiliates from any and all claims arising from injuries, including death or loss which I/we or my minor child or ward may incur or may accrue to me or my minor child or ward on account of participation in the activities of this program.

I/we further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, its officials, agents, employees, volunteers, and its program affiliates from any and all claims resulting from injuries, including death, damages, and losses sustained by the undersigned or my minor child or ward arising out of this program. I/we have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment of the rights hereby waived.

Name of parent/guardian (please print): _____

Parent/guardian signature: _____

Relationship: _____ Date: _____

TRANSPORTATION AND MEDICAL PERMISSION:

I authorize Lincoln Parks and Recreation to transport my child by van or other vehicle associated with the above program. In the event of any emergency, I authorize Lincoln Parks and Recreation officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment and any and all medical services rendered.

Parent/guardian signature: _____ Date: _____

PHOTO/MEDIA RELEASE:

I authorize the City of Lincoln, Lincoln Parks and Recreation to use the above named child's image for the purpose of promotion or public information without obtaining further consent or without prior knowledge of such use. I understand I am to receive no compensation of any kind as a result of any recordings, broadcasts, rebroadcasts, or other non-broadcast uses thereof. The City of Lincoln, Lincoln Parks and Recreation shall have complete ownership of resultant production using my child's image.

Parent/guardian signature: _____ Date: _____

CLUBS (Club offerings are subject to change.)

- | | | |
|--|--|--|
| <input type="checkbox"/> 8-Ball League | <input type="checkbox"/> Golf | <input type="checkbox"/> Art Club |
| <input type="checkbox"/> Photography Club | <input type="checkbox"/> Teen Center Olympics | <input type="checkbox"/> Fishing Club |
| <input type="checkbox"/> "Gamers" (Video Game) | <input type="checkbox"/> Web Design Team | <input type="checkbox"/> Health Nuts |
| <input type="checkbox"/> Book Club | <input type="checkbox"/> Urban Hiking | <input type="checkbox"/> Youth Gardeners |
| <input type="checkbox"/> Model Car Builders Club | <input type="checkbox"/> Internet Gamers | <input type="checkbox"/> Young Filmmakers |
| <input type="checkbox"/> "Ballers" Sports Club | <input type="checkbox"/> T.C. Publications | <input type="checkbox"/> Jewelry Arts |
| <input type="checkbox"/> Yu-Gi-Oh! Club | <input type="checkbox"/> Studio 2B (Girl Scouts) | <input type="checkbox"/> Ping Pong Players |
| <input type="checkbox"/> Swimming Club | <input type="checkbox"/> Poker Club | <input type="checkbox"/> Youth Volunteer Corps |
| <input type="checkbox"/> 2 Cool 2 Smoke | Other suggestions: _____ | |

PARK TEEN CENTER

SCHOLARSHIP REQUEST FORM

TO BE CONSIDERED FOR A SCHOLARSHIP/SLIDING FEE RATE, COMPLETE THIS FORM AND SUBMIT WITH THE PROGRAM REGISTRATION FORM AND PROOF OF INCOME (COPIES OF MOST RECENT MONTH'S PAYCHECK STUBS OR INCOME TAX RETURN).

Parent/Guardian Name _____ Phone _____

Address _____ # in Household _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

INDICATE GROSS YEARLY HOUSEHOLD INCOME \$ _____

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

FORMS USED TO VERIFY INCOME: ☐ PAY STUBS ☐ TAX RETURN

STAFF INITIALS _____ DATE _____

_____ % OF FEE \$ _____ DUE PER CHILD/WEEK
\$ _____ TOTAL DUE FOR HOUSEHOLD/WEEK

SCHOLARSHIP AMOUNT: _____